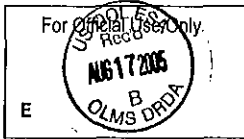


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 18030	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Roger N Naulyalis P.O. Box, Bldg., Room No., if any Street 5 Westbrook Corporate Center, #100 City Westchester State Illinois ZIP Code + 4 60154-5749	4. Name, file number, and address of labor organization. Name Machinist, AFL-CIO Labor Organization File Number 000-107 P.O. Box, Building and Room Number, if any Street 9000 Machinists Place City Upper Marlboro State Maryland ZIP Code + 4 20772-2675
5. Position in labor organization. Grand Lodge Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 8/12/05 Date	(708) 562-3184 Telephone Number

Name of Person Filing Roger Nauyalis	File Number U-
---	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Jacobs, Burns, Orlove, Stanton & Hernandez</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 122 S. Michigan Ave., Suite 1720</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60603-6145</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>Lawfirm provides legal services to Union</p> <hr/> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>12/04 Christmas box of chocolates</p> <hr/> <p>12.b. Amount. \$30</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Lazard Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any One Mkt. Plaza Suite 2625

Street 30 Rockefeller Plaza

City New York

State New York ZIP Code + 4 10112

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name I.A.M. National Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 1300 Connecticut Ave., NW,

City Washington,

State District of Columbia ZIP Code + 4 20036

11.a. Nature of such dealing.

Past and prospective provider with the IAM National Pension Trust.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

3/9 Food and entertainment

12.b. Amount.

\$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Vision Services Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any One Mkt. Plaza Suite 2625

Street Steuart Street Tower

City San Francisco

State California ZIP Code + 4 94105

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name I.A.M. National Benefit Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 1300 Connecticut Ave., NW,

City Washington,

State District of Columbia ZIP Code + 4 20036

11.a. Nature of such dealing.

Prospective provider to the National IAM Benefit Trust.

11.b. Approximate dollar value of such dealing.**12.a. Nature of interest held or income received.**

7/16 food and entertainment

12.b. Amount.

\$95

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.13.b. Is the Business an Employer ☐ or Consultant ☐ ?**14.b. Amount of payment.**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Chicago Equity Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 3800

Street 180 N. LaSalle St.

City Chicago

State Illinois ZIP Code + 4 60601

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IAM National Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 1300 Connecticut Ave., NW,

City Washington,

State District of Columbia ZIP Code + 4 20036

11.a. Nature of such dealing.

Prospective provider to the National IAM Pension Trust.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Meals and entertainment on the following dates 2/11, 5/24, 8/3, 11/1

12.b. Amount.

\$250

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.